THE

MEDICAL AND SURGICAL REPORTER.

No. 971.] PHILADELPHIA, OCT. 9, 1875. [Vol. XXXIII.—No. 15.

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

CONSERVATIVE GYNECOLOGY.

BY HELEN BETZ, M. D.,
Of Youngstown, Ohio.

Read before the Union Medical Association of Northeastern Ohio, and recommended for publication.

Those present at the last session of the State Association could scarcely fail to note the prominence given, in therapeutical discussion, to prophylactic treatment. This certainly is a distinguishing feature of the medical mind to-day. And it is not by scientific bodies, or by physicians only, that this fact is manifested. The energetic efforts of Sanitary Committees and Boards of Health to prevent the incubation and dissemination of disease-germs, as well as the tireless searchings of microscopists and chemists for knowledge of the ultimate nature of pathological causes, form a most gratifying index to the direction in which our beneficent art is progressing. Achievements in this department justly mark an era.

All diseases are not caused by occult foes, against which we hold no weapon for intelligent combat. Prof. A. F. E. King, in a late popular journal, corrects a prevalent but erroneous idea on this subject; disease is not "necessarily a separately existing entity; a thing independent of the body and inimical to it;" in many, indeed, in a majority of cases, it is proven to be not a factor, but the product of two factors. Especially is this true of the class of diseases with which the gynecologist has to deal. These two factors are, first, agents acting upon the organism from without, or through the mind; second, the response of the organism to these agents. The third member of this vital equation, the product, is functional derangement, and finally, structural change, or disease.

The first factor, external agents, may include heat, cold, moisture, voluntary movements and attitudes. These are chiefly agencies in the production of those thousand ills which make up the uncoveted heir-loom of the mothers and daughters of the nineteenth century. Though cancer, fibroids, and other growths, as yet, defy the interrogations of the pathologist, the histological researches of Virchow, Billroth, Rokitansky, and others, make the conjecture probable, that these too are but the response of the cell to an external stimulus, causing an abortion or perversion of its primative tendency, and an increased proliferation. However this may be, these cases form a small proportion of those which daily occur in practice. Other abnormal conditions—congestions, hypertrophies, prolapses, versions, flexions, and their distressing sequela—are purely the result of causes which the intelligent patient holds completely under control.

It is sad to face all this distress and consequent unhappiness, and call it so much voluntary penance, but it would be sadder still, did we not know that the whole category of disease is completely amenable to conservative treatment.

It is in this department of therapeutics that the term conservatism finds its widest application in its original significance. The servant of nature acts ever on the defensive. The remedial agents used unite to defend, to guard, to

preserve, to protect, in short, to conserve. They defend symmetry of form and natural position of organs; they guard against irritation and abnormal blood-supply; they preserve equilibrium between external and internal forces; they protect integrity of tissues; they conserve health.

Prophylaxis should sustain a position as important in relation to gynecology, as does inoculation to treatment of specific blood-poisoning. The physician's duty does not begin with the treatment of already incurred disease; to the patient, to humanity, is due the knowledge which would prevent its occasion and development. In many cases, obviously, this mode of treatment is impracticable. The self-made sufferer is your patient before you have had a chance to influence her former life. But even in these cases, the conservative measures she may employ herself, after faithful, intelligent instruction, will prove of much greater importance and real curative value, in most cases, than any service the physician can render.

Many say that such advice is useless; that disease results from careless and willful disregard of known laws. A short experience, but an ample chance for intimate knowledge and observation of women, has strongly established the belief that four-fifths of the patients applying for aid are the victims of simple ignorance. Daughters, and, indeed, mothers, show a lack of understanding of ordinary physiological and pathological causes which is alarming. They innocently confess to repeated violation of the laws of health, assuring you, with an earnest unconsciousness that verifies the statement, that no one ever said to them that such a habit was hurtful; that this mode of dress would prove injurious, or that course of diet would induce indigestion and consequent malnutrition and debility; that prolonged labor and exercise, without regard to physiological conditions, would bring in their train a list of gloomy ailments, and lay the foundation for chronic invalidism.

Committees and individuals are not so lax in the discharge of duties of analogous importance. For instance, health boards are learning that sewage and drainage are two matters of separate and equal importance; that pavements affect not only facility in locomotion, but the purity of the air above them; and that those which allow interstitial filtration and retention of fluids are hot-beds of zymotic disease. The careful housekeeper, happily possessed of some knowledge of the efficiency of disinfectants, arming herself with chloride of lime or sulphate of iron, attacks drains and cellars, and thus wards off from her household fearful probabilities of sickness and death. Even the rosy, careless school girl believes in prophylaxis. Proving her faith in Jenner, she bravely acts up to her little fund of knowledge, and bares her sensitive arm to the checkering lancet. All this caution is most commendable, and as it should be, but it ought to be supplemented by more still, of a rather different nature. The wife and mother, laudably careful and vigilant with disinfectants and flannels, is at the same time trespassing physical laws, which will demand, in restitution, a lifelong penance, not only from herself, but from her children and society. Upon herself she brings, not always acute pain and sudden death, but what is worse, a dragged, harassed existence, years of physical and mental imbecility; to her household, of which she has been light, order, help and good cheer, she becomes almost a burden, a sensitive, irritable, inefficient invalid. Her children, to whom she ought and intends to give her life's best powers, and giving, thus enrich herself—these treasures, so full, to her, of rich possibilities—inherit fragile, enervated constitutions, with vitalities dwarfed and exhausted by pre-natal robbery. The provident school girl, by vaccination, averts a disease which might disfigure her face, and yet leave her mind and body healthy and vigorous, but she, daily and without remonstrance, either from parent or physician, disregards laws, the violation of which will transform the elastic, cheerful, clear-headed girl into a nervous, hysterical hypochondriac.

But this change is not the work of a day or a year. Nature gives many significant signals of impending danger, which the observant, disinterested physician will quickly recognize, and interpret to the unsuspecting, and, without seeming officious, make it the occasion for counsel which may save years of suffering. Family physicians have it in their power thus to ward off from prospective patients serious evils. The overtaxed mother or the thoughtless girl comes for relief from some slight ailment. To the uninitiated complainer it seems trivial, and means only present inconvenience; but to the trained eye of the pathologist it is as significant as a hectic flush or a granular tube-cast. It is much easier to give a prescription, merely,

which will only postpone an augmenting evil, instead of faithfully dealing out fifteen or thirty minutes' sober, warning counsel; *but, is it right?*

Each day's experience impresses the belief more firmly that the most important part of the physician's duty is not to prescribe or apply remedies, but to inform and teach—then patients cure themselves. A large proportion of those who come expecting a thorough course of medical treatment will make good recoveries on adopting a rational *regime* of diet, dress and exercise. Nine out of ten have no support to the clothes save the hips. A still smaller proportion ever think of postponing any work, or amusement, or exercise requiring prolonged exertion, on account of physiological conditions requiring moderation. As a proof that patients are sincere in their ignorance, it must be confessed that, as a rule, they follow faithfully the instruction given.

It is true that this mode of benefiting womankind does not meet with the praise and eclat which the so-called cure of some desperate case elicits. But the consciousness of having prevented suffering, instead of allowing and then relieving it, will be, to the true physician, the highest reward.

NOTES ON PRACTICE AND NURSING IN THE NEW YORK SMALL-POX AND CHARITY HOSPITALS.

BY G. O. MORRISON-FISET, M.D.,
Of New York City.

During the epidemic of small-pox, of 1871, '72, in New York, the Board of Health, through its corps of vaccinators, so thoroughly performed its work that the disease ceased to spread, and the number of cases in hospital steadily diminished, until it became practically extinct. From the neglect of the health authorities to continue their attention to thorough vaccination, small-pox again began to manifest itself, and in the Fall of 1874 the disease appeared with its former force. Vaccination was again thoroughly practiced, and at the present time, when, under ordinary circumstances, it should increase, it is on the wane.

The Board of Health assumed control of the small-pox hospital at the beginning of the present year, and appointed Drs. Delany and Daly to take charge of it.

Of the varieties of small-pox generally described, viz., the discrete, semi-confluent, confluent and hemorrhagic, the last named seems to have received but little attention, owing, probably, to its severity and fatality. As an aid to its diagnosis and prognosis, a few remarks may be useful. It is composed of two classes, namely, the hyperæmic and purpuric. In the hyperæmic variety the eruption is mostly always confluent, and has a dusky red appearance, never going beyond the papular stage. The hyperæmia is not confined to the papules, but is diffuse throughout the skin between them. The papules are broad, and have but an indefinite individuality, being scarcely raised above the hyperæmic derma, thereby closely resembling the eruption of malignant measles. The symptoms that usher in this class of variola are essentially mild, often there being scarcely any fever present previous to the appearance of the eruption. Death usually occurs on the third or fourth day of the disease. In the purpuric form the eruption may be discrete, semi-confluent or confluent. It is only when the eruption has attained the secondary stage that a hemorrhagic exudation takes place, into the fully formed vesicle, which then assumes a purplish or venous color; this may be general or may be confined to a few vesicles; it is dependent upon a purpuric condition of the system. The prognosis is always bad in the hyperæmic form, as no cases have ever been known to recover, while in the purpuric variety (like in small-pox generally) it depends upon the severity of the constitutional symptoms, and the nature of the eruption, and is not necessarily fatal. The eruption of small-pox usually appears on the third or fourth day of the disease, and frequently invades the palpebral conjunctiva and mouth. Keratitis is quite common. The fever of suppuration takes place about the eighth or ninth day of the eruption, or the eleventh or twelfth day of the disease, the temperature at this stage reaching a very high grade in the evening; in one case, especially, the thermometer indicated 107° Fahrenheit; this patient recovered. Death at this stage is usually due to asthenia.

As to complications, pneumonia has been quite common and fatal; septicæmia, in many cases, has developed during apparent convalescence, as indicated by chills, high temperature, and the appearance of small abscesses upon the surface of the body; hemorrhages from the

mucous surfaces of the mouth, nose, bronchi, rectum, uterus and vagina, have not been unfrequent. Delirium is not an uncommon symptom, but if it lasts longer than a day or two, and is violent, the prognosis then becomes doubtful. In the earlier months of pregnancy abortion always occurs if the disease be of a severe type; if, on the contrary, the pregnancy is far advanced and the disease mild, the prognosis regarding a full-term child is good.

According to observations taken in this hospital, it has been found that, as a rule, *primary* vaccination is of no value as a preventive. Persons who had been vaccinated during childhood, and in some instances, children who had been vaccinated three or four years before, were attacked with variola confluens; in one case, that of an adult, the disease appeared two months after revaccination. All these patients showed good vaccinal cicatrices on their arms. Revaccination should be urged at intervals of at least every three years. The fact of having had small-pox once, does not preclude the possibility of subsequent attacks; three or four patients have been received in this hospital since the beginning of the year, who had had small-pox for the second or third time, as shown by previous cicatrices. A large proportion of non-vaccinated children recover from the disease, which is contrary to the observations of Mr. Marson, of the Small-pox and Vaccination Hospital of London. A remarkable feature of the mortality of small-pox in this hospital was, that up to last February it had been twenty-nine per cent. At that time the Board of Health requested the Sisters of Charity to take charge, and Sister Mary Thomas, with seven associates, were assigned to the duty. Previously, the nursing, etc., had been delegated to hirelings, and the institution fell into marked disrepute, but since the Sisters have been in charge, the mortality has fallen to between twenty-four and twenty-five per cent. with complications, and twenty-two per cent. without. The death rate has been greater among colored people.

Treatment.—The treatment in this disease is expectant and symptomatic. When the delirium is violent, the straight jacket has to be used; chloral seems to increase its violence, while opium seldom does so; bromide of potassium has given the greatest satisfaction; it is administered in forty-five grain doses every two hours until sleep is produced; when the patient awakes, whisky, in ounce or half ounce doses, is then given at the same intervals. Alimentation (principally a milk diet) is of great necessity throughout the course of the disease. Stimulation is mainly relied upon during the secondary fever; quinia and salicylic acid have been given, but with no favorable results. Cases of threatened abortion or premature delivery are treated with opium. Poultices and tinct. of iodine to the face have been tried, to prevent pitting, but a forty-grain solution of nitrate of silver is now used altogether. Collodion has not been tried.

A New Training School for Nurses.

A school for nurses has been established in Charity Hospital, since last August, under the direction of Dr. D. H. Kitchen, the Chief of Staff. All the wards (except the male venereal) are under the care of the new nurses, of whom there are twenty-eight. The maximum number received will be forty. Lectures are delivered by the members of the Medical Board and by the Chief of Staff, three times a week, on the following subjects:—Nursing, Hygiene, Ventilation, Poisons and Antidotes, Pulse, Respiration, Temperature, Bandaging, and the Application of Instruments; Midwifery and Children, and the Examination of Urine. The term of study and service will be two years, at the end of which the nurse will receive a diploma, setting forth her qualification. The school forms an integral portion of the hospital management, unlike the training school for nurses in connection with Bellevue Hospital, which is not solely under medical control, and is a separate institution. Another feature of this new school, as claimed by its promoters, is that all the male wards will be under the care of the pupils, who will be assisted by male attendants.

PUERPERAL BLINDNESS.

BY W. J. SCOTT, M. D.,
Of Cleveland, Ohio.

(Read before the Ohio State Medical Society.)

The following cases have some practical interest. Such conditions are frequently not recognized in their first stages, and come under observation after the exciting cause has passed away.

Case 1, Mrs. A. During the latter part of her last gestation she had headache, and during parturition the pains, she says, were exruciat-

ing; she made a slow recovery, and had, for a year, imperfect vision. When she came to me, I found her with these symptoms: vertigo, so that she was in danger of falling; she had poor digestion; ringing noises in the ears; imperfect vision; could not read, for the letters coalesced and became confused; the eyes were painfully affected by bright sun or gas light; the memory was deficient; she was despondent and apprehensive that she would not get well; the bowels torpid and constipated; urine normal in quantity, and contained no albumen; specific gravity normal. By the ophthalmoscope chronic congestion of the retina was visible; phosphorescence before the eyes; the light passing from right to left. This condition has existed during sixteen months.

Case 2, Mrs. L. Has a similar history to Mrs. A., but her trouble had been of much longer duration, and had more seriously affected the eyes. She had suffered a choroiditis and pyramidal cataract of one eye. These disturbances, leading to such serious conditions, commenced during her last pregnancy, five years before.

Case 3. Three years ago, Mrs. P. consulted me with the following symptoms: Five months pregnant; primipara; extremities swollen; face œdematous; poor appetite; imperfect digestion; tinnitus aurium; imperfect vision; constipation; perverted taste; ptosis of right eyelid; loss of memory; palpitation of the heart; albuminous urine, which, by heating, about one-fourth precipitated. I did not examine the eye as to the condition of the circulation. I gave a laxative, followed with nux vomica, belladonna, sulphate of zinc, and tincture of iron: during the treatment the symptoms subsided, and she completed her term successfully, and did well. She has not been pregnant since.

I have met a few cases, with other physicians, of similar character. I have not found this class of cases very well referred to in *the books*, either of obstetrics or ophthalmology. Regarding these conditions as depending on an altered condition of the blood, and, consequently, an abnormal nutrition of the parts manifesting the symptoms, the anomaly is, that, even after secondary conditions have been induced, the patient often lives along, without fatal results, for a long time.

I referred my first case here spoken of to Dr. D. B. Smith, for his diagnosis. He confirmed my opinion and treatment. The patient has improved to a certain condition, and there remains, not perfectly well, but able to attend to her domestic duties. About this time the doctor had two cases with similar histories, in whom the conditions had gone along, unappreciated, until softening of the brain had occurred, and then proved fatal. I have no doubt that many cases of puerperal conditions have sequelæ, which become very troublesome to the pathologist, if he does not connect them with their cause. The treatment of these conditions has been imperfect, as their pathology has not been understood. All this class of trouble arises from the condition of albuminuria. Recently I have found several cases of this kind mentioned in Fordyce Barker's book on puerperal diseases.

A very remarkable case was reported by Dr. Fourgeaud, of San Francisco. The patient had had several miscarriages, and two living children, who were born at the eighth month. The doctor saw her a week before labor; "her face was then œdematous, and she complained of loss of sight, so that she was unable to read, or to distinguish persons a few feet from her. Her labor passed without convulsions. One morning after the doctor found his patient paraplegic. The motive power of the legs was entirely lost; sensibility being but partially impaired. There was paralysis of the rectum and sphincter, with involuntary discharge of fæces, paralysis of the bladder, with retention of urine; amaurosis; the eye-sight being almost entirely gone." In two months the paralysis was removed, and the sight so far restored that she was able to read.

In the history of such cases there are sometimes found some phenomena not very easily explained. I believe that, almost universally, the primary cause is a kidney *disturbance*, and almost always there has been connected with the case albuminuria, and often, when we see the case there is no albumen in the urine.

In one case to which Barker refers, there was no albumen found at the time of observation before delivery; after delivery serious symptoms presented, and, on examination, albumen was found present, the cause of albuminuria, as we would suppose, having been removed.

It has been found, also, that the albumen of pregnancy differs from that contained in the urine of Bright's disease; it shows different effects by re-agents.

Some questions of interest grow out of this

subject. Is a female thus affected once, more liable in after *pregnancies?* These conditions are most liable in primipara. If they have occurred in two pregnancies, should we interfere and *prevent* a recurrence in the third one? What interpretation can be given to all the phenomena of a well-marked case; the nervous, the circulatory and the muscular phenomena?

One of the most important, and to me, remarkable conditions in these cases, is the slow, persistent, long continued congestion of the retina and of the brain, from which the patient may, and often does recover most perfectly.

It seems to me, that in the treatment of the sequelæ of this kind of albuminuria we need a more extensive medication and one better meeting the pathological conditions present. We have often to meet heart complications, which depend on muscular debility and enervation, as well as brain and kidney complications. The early recognition of these conditions may be of the utmost importance to the patient, as well as to the reputation of the physician. Many of these cases go through the hands of the physician without his seeing the importance of these, to him, slight symptoms, into the hands of the ophthalmologist, to be told that they have already an organic disease of the eye, which has occurred by night, and by a process of slow change, which possibly might have been avoided at an earlier period by a better knowledge of the pathology, and application of good therapeutics in its earlier stages. The conditions may be met by free doses of tincture of iron, or the etherial acetic tincture of iron, with moderate doses of tinct. digitalis. The secondary sequelæ may be treated by strychnia, nux vomica, bromide of sodium, ammonium, or potassium, belladonna, etc., so as to remove the long continued congestion, which I have seen to continue for five years, and even, at that length of time, to be almost entirely removed by judicious medication. The most remarkable phenomena which are presented by these cases are the long continued congestions which the patients suffer, and yet recover from so completely. The chronic congestions of the retina, and some of the structures about the base of the brain, which manifest peculiar symptoms by disturbance of function, and those which occur in the kidneys, are peculiar, and are produced by peculiar conditions of nutrition, and probably do not depend upon arrest of circulation, by pressure on the emulgent veins of the kidneys, for sometimes the removal of these conditions does not remove the symptom, and sometimes the symptom presents itself after parturition has been completed.

The pathological condition may not be removed from the brain or kidney by removal of what has been considered the exciting cause. If organic changes have occurred, perfect recovery may not be accomplished, either by time or medication. The short history of the few cases on record, however, shows that, in most cases, the prognosis is favorable; also, the published accounts show that these accidents having occurred, there is a tendency to recurrence in after pregnancies; and the history of the treatment shows that proper treatment is of the highest possible importance, before and after the completion of parturition. The question has presented itself to me, what advice shall be given to people who have suffered from these conditions in the first pregnancy? would it be justifiable advice to prevent conception, or to remove the fœtus afterwards? I think, only after serious symptoms have presented themselves, should we interfere. We cannot always tell what accommodations may be made to ward off danger. We have seen that in primipara these conditions may occur and not recur again under similar circumstances.

Medical Societies.

NEW YORK ACADEMY OF MEDICINE.

Stated Meeting, March 4th, 1875.

Dr. Purple, President, in the chair.

The paper of the evening was read by Dr. Stephen Smith, the subject being: "On the Merits, Real and Comparative, of Amputations in the Lower third of the Leg, with Suggestions as to the Prospective Value of Periosteal Flaps."

Ambrose Paré, writing three hundred years ago, related the case of a man who had his foot stricken off by an iron bullet, and had it reamputated five fingers' breadth below the knee. Commenting upon this case, Paré says: "We must do otherwise if any such thing happens in the arm; you must cut off as little of the sound part as you can, for the actions of the legs differ much from those of the arms, and chiefly in this, that the body rests not, neither is carried upon, the arms, as it is upon the feet and legs." An important illustration and discrimination of a sound principle in operative surgery is involved in this statement, and it is as follows:—

The special function of the limb should be considered, and, as far as possible, preserved, in

selecting the point and method of amputation. The surgeon may determine whether the sufferer is to be a pauper or self-supporting citizen. His coöperation with the mechanical surgeon might, if brought into such relations, secure perfection in the results. The operator studies to save life by science, in sacrificing the limb, and the mechanician studies to restore, by art, its function. Particularly in amputations of the lower extremity, can the mechanical surgeon restore, to a great extent, the proper functions of the limb, if the method of amputation admit of it.

The object of this paper is to consider the real and comparative merits of amputations, and their performance in the lower third of the leg, as regards the utility of the resulting stump. It is safer for the patient, for the surgeon to amputate in the lower than in the upper third of the leg; it has been sanctioned by the highest authorities, periodically, during the last two centuries, yet amputations in this region have again been discarded.

The opinion of surgeons has been divided on the comparative utility of stumps when amputation was performed below the knee, and when performed in the lower third of the leg.

The common wooden pin, with bucket, is the earliest contrivance which was applied to stumps of the leg, and was first described by Paré, who also shows illustrations of legs and feet made of iron. The term "poor man's" and "rich man's" leg was applied to the stump. From the time of Paré surgeons have selected the point of amputation accordingly.

The advantages of the wooden pin are twofold: 1st. The remaining portion of the leg, bent at right angles, takes direct and firm bearing upon the artificial limb; and 2d, It is very cheap, and of simple construction.

Solinger, a Dutch surgeon, writing in 1684, first advocated amputation just above the ankle, and by the flap method. He thereby showed that a patient whose leg had been amputated in the lower part could bear his weight directly upon the stump, and walk with the aid of a simple appliance. This practice was adopted and advocated by Droms, of Paris, and by other surgeons, but was not generally practiced until a half a century elapsed, and the question was again agitated.

In a communication by Mr. Charles White, of Manchester, England, through Dr. Hunter, on the 20th of February, 1769, to the "Society of Physicians," in London, he states the case of a woman whom he saw at the end of the year 1760. Twenty years before her leg was amputated above the ankle. The operation was performed by the single incision, and the stump was twelve months healing. Her brother, who was a carpenter, made her a very indifferent wooden leg, and, though it was very imperfect, she preferred not to have the leg re-amputated at the usual place, and appreciated the advantage which she had over those upon whom amputation had been performed in the usual way. He adds: "I was myself fully convinced of the utility of this method, from her great activity in walking upon level ground, and in going up and down stairs." Mr. White further states that at first, and for many years later, he was very cautious in not allowing the end of the stump to press upon the bottom of the socket in which it was contained; but he found this to be unnecessary after performing the flap operation, as the whole weight of the body could be rested upon it.

He writes to Alanson, about ten years after, and remarks: "That amputations a little above the ankle joint are preferable to those a little below the knee, when it is in the power of the surgeon to make his election, whether performed with or without a flap."

Bromfield, about the year 1740, began to advocate amputation in the lower part of the leg. Other surgeons to whom he spoke on the subject discouraged it, and declared that the stump would not heal. Afterward, his pupil, Mr. Wright, reported a case, in which amputation had been performed, about the year 1754, above the ankle, which had healed well. The patient bore an artificial limb well and performed the motions with ease. Bromfield now adopted this method of operating The teaching of that period corresponds with the maxims laid down by modern writers on surgery, and it is, as mentioned by Bromfield, that, "in amputations of the upper extremity, and in those of the thigh and foot, as much as possible of these parts are to be preserved, but in amputations of the leg, the operation is to be performed as close to the knee as possible, without risking to cut the ligamentum patella, in order that the stump may not extend beyond the wooden leg."

Edward Alanson, of Liverpool, on January 10th, 1780, performed an amputation just above the ankle, by the method of flaps. He describes the case as doing well until the ninth day after the operation, when the wound began to look unhealthy. The patient was an inmate of the Liverpool Infirmary, from which institution he had to be removed, on account of hospital gangrene and pyæmia, owing to bad construction, a crowded house, and other causes. This fact he recognized, and had the patient placed in a thinly populated part of the town, where he could get fresh air. The man recovered, afterward using an artificial limb and attending to his business with great activity. His method of operating was by the single, instead of by the double flap.

The opinion of surgeons again became divided at the begining of the present century, and amputation at the old point of election was favored by the majority. Keate, of London (about 1831), again proposed the point of election in the lower third of the leg. The subject was fully discussed in 1841, before the Academy of Medicine of Paris, and the propositions as laid down by Arnal and Martin, in favor of supra-malleolar amputations, were:—

1. Promptness and facility over the old operation.

2. It causes less pain.
3. Is not so frequently accompanied with gangrene of the flap.
4. Less risk of secondary hemorrhage.
5. Traumatic fever that follows less violent.
6. Cicatrization more rapid.
7. On account of rapid cicatrization is less liable to hospital gangrene.
8. The accidents which follow conical stumps happen less frequently with this operation.
9. Purulent absorption less frequent.
10. More freedom in the use of the limb.

The cases which they reported, of amputations above the ankle, numbered ninety-seven. Of these eighty-seven were cured. The patients were of different ages, sexes, and conditions. Velpeau concluded, as to the correctness of these propositions of Arnal and Martin, that supra-malleolar amputations are less dangerous than when performed at the place of election; the adaptation and subsequent use of an artificial limb is practicable, enabling the patient to perform all necessary movements. But it remains a question with persons whose means do not allow them, subsequent to the operation, to procure an artificial limb, whether this operation should be chosen instead of the other.

Larrey found, in his experience, that the fatality of amputations at the point of election was not so great as it was said to be, and that in supra-malleolar amputations, union by first intention was not to be expected. Velpeau, in reply, said that the amputations at the point of election were fatal in the ratio of one to four, and those about the malleoli, of one to ten.

Mr. Lawrence again revived the operation in 1844, and was opposed by Liston and others.

In 1858, Mr. Scale, of Leeds, improved the operation in this way: A large flap was made to cover the bone, and the cicatrix was placed behind the stump. This flap contained all the tissues excepting the periosteum. The advantages of this method were that the bone was covered by a soft movable mass of tissue, which contained no large nerves and formed a stump capable of bearing pressure.

Mr. Henry Lee, of London, in 1865, modified Scale's amputation. Instead of making from the anterior part of the leg a long rectangular flap, he made it from the posterior part. He states that the flap was thicker and afforded a better protection to the ends of the bones, therefore, direct bearing could be made upon the extremity of the stump when an artificial limb was applied.

Amputation at any portion of the leg is now favored, not by all, but by some surgeons, on the old principle, that no more of the limb should be sacrificed than is necessary. The methods of amputation are numerous, operators selecting either the circular flap, double flaps, or even rectangular. The principles which govern surgeons in selecting the point of amputation are vague, which is undoubtedly owing to the little attention paid to the progress made in the manufacture and adaptation of artificial limbs. Therefore the rules that should govern the surgeon are: 1st. The safety of the patient, and 2d. The serviceableness of the stump. Regarding the former rule, amputations in the lower third of the leg are preferable to amputations in the upper third, for reasons already mentioned. The latter one depends upon the point and method of amputation.

In these days, the distinction between a rich and a poor man's stump is discarded, which is due to the cheapness of artificial limbs. The necessary and important condition of a useful stump is its freedom from tenderness. This is essential, whether its bearing is direct or lateral. The tenderness is caused by the cicatrix being attached to the end of the bone, showing it to be thinly covered by the soft parts, and cicatrizing directly over it. To avoid subjecting the patient to tenderness of the stump, it is necessary that two conditions be fulfilled, and they are:—

1. The cicatrix should be so placed as not to be subjected to pressure.
2. The covering should be thick and movable.

The opinion of expert mechanicians is, that the weight of the body should be borne on the end of the stump.

Mr. Bigg, of London, says of amputations in the leg: "I feel perfectly assured that, could pressure be borne against the end of the stump, a much more decided mechanical influence would be exercised by the patient over his false member. A powerful argument in favor of this plan is, that the natural force is thereby conveyed so much nearer the knee-joint as to impart considerable firmness to the patient's gait." Adding: "you may easily see that my reasons for not making pressure against the end of the stump are, fear of friction, and the inability of the stump to bear it."

Mr. Grossmith, of London, makes it his rule, in applying artificial legs, never to allow pressure on the end of the stumps in any case, except those of amputation at the ankle-joint. The question arises, what part should the periosteum take in the formation of the stump, During the last century, scraping up the periosteum previous to sawing off the bone at the highest exposed point was practiced, in order not to wound it.

Walthers, in 1814, suggested that the periosteum be raised from the bone in amputations, and then be used in covering it. A few years later, Bruninghausen thought that, especially in amputations below the knee, the procedure of raising the periosteum for about a half-inch, then using it as part of the flap in covering the bone, was important. Its advantage being to prevent the edges of the bone from cutting through the flap. Sub-periosteal amputations were performed in Europe from 1861 to 1864. In this country this method of operation was practiced from 1862 to 1865, by assistant Surgeon McGill, U. S. A., and reported by him in 1865 and 1866, in a circular to the Surgeon

General. The stumps are described by him as firm, well-rounded, and capable of bearing pressure.

In November, 1871, M. Houzé de l'Aumit, of Lille, France, performed amputation of the arm on an infant twenty-two months old. A thin lamella of periosteum became detached, accidentally, during the operation, and was applied to the cut end of the bone. The results following the operation were good. He reports ten other cases, with but two deaths, one from thrombosis of the left auricle, and the other from pyæmia. The advantages of this operation are as follows:—

1. Necrosis and osteo-myelitis are prevented by covering the cut extremity of the bone.

2. The cicatrix does not become attached to the bone.

3. The stump assumes a rounded form, and is firm.

Its disadvantages are:—

1. That the periosteum, being not well nourished, is liable to slough.

2. If it becomes attached, new bone is liable to form, in the shape of osteophytes, which destroy the stump.

Ollier is opposed to the operation in general, except in amputations below the knee.

Dr. Smith now proceeded to explain the method of operation which he had adopted in a case at Bellevue Hospital. The amputation was performed in the lower part of the leg, thus: A long anterior flap was made from above the malleoli, extending to each side, running up the incision parallel with the fibula. The fibula was then exsected to the extent of about four inches. The periosteum was peeled off the tibia, and enclosed in the flap. The bone was then sawed off at the same point as the fibula, and the flap adjusted. The stump healed well. The patient was present, and exhibited his stump. It was firm, well rounded, and the cicatrix was situated posteriorly; there was no tenderness. and direct pressure could be well borne upon it. The results of the operation were satisfactory in every way.

NEW YORK PATHOLOGICAL SOCIETY, STATED MEETING, MARCH 10th, 1875.

Dr. Francis Delafield, President, in the Chair.

Report of Microscopical Committee.

Dr. T. E. Satterthwaite presented a report from the Microscopical Committee, respecting a tumor of the œsophagus, presented by Dr. Erskine Mason to the Society, on February 10th. The tumor consisted of a mass of fungous growth, of a lobulated character, projecting above the mucous membrane to the extent of three-quarters of an inch. Under the microscope it consisted of cancer cells imbedded in a stroma.

Morbus Coxarius.

Dr. E. P. Gibney presented two specimens, one of the hip joint, and another of enlarged glands. Both were taken from a boy who fell from a velocipede, resulting in morbus coxarius. When seen, all the signs of the first stage were present. In six months he recovered, but remained in the Hospital for the Ruptured and Crippled for a period of four years, and died.

In October, 1874, his cervical glands began to enlarge, and by January, 1875, he felt so weak that it was impossible for him to leave his bed. He then developed a dry cough, and became icteric, death resulting by asthenia.

Autopsy.—No signs of pulmonary disease were visible. The enlarged cervical glands pressed upon the pneumogastric nerve, which, undoubtedly, caused the cough, by reflex irritation. The capsular ligament of the hip-joint was perfect; but at the point of its attachment to the femur there were signs of disease. The head of the femur was flattened, and its cartilage of a dirty-white color and presenting yellow spots of erosion. Its thickness was one-half inch.

Local Peritonitis, from Obstruction of the Intestines.

Dr. F. R. S. Drake presented a specimen of intestines, showing local peritonitis, caused by obstruction of the jejunum.

A. W., aged 21, of active habits and healthy; had not had any disease since infancy. On Sunday evening. February 28th, he ate heartily at his dinner, partaking freely of roast goose, and then rode for several miles on the front platform of a street car. He was soon taken with vomiting, which lasted all night. The next morning he was seen by Dr. Drake, who found no severe pain or local tenderness over the abdomen. On the third day his pulse was 100, countenance pale and anxious; no well defined abdominal pain, except a soreness of the muscles. Opiates were prescribed, and warm applications ordered to be applied to the abdomen. On Wednesday he complained of pain about the umbilicus. The next day Dr. Loomis saw the case in consultation, and diagnosticated local peritonitis. Death took place on the sixth day of the disease.

Autopsy.—The jejunum was bound down by old adhesions at one point, above which it was distended with gas and fæces and empty below. The large intestine was empty. The mesenteric glands were enlarged and the seat of calcareous degeneration.

Ulceration of the Gall Bladder, caused by Gall Stone.

Dr. T. E. Satterthwaite presented three gall stones found in the gall bladder of a man who died of shock. The patient was a nurse, who, during the Fall of 1872, began to complain of pain in the right hypochondrium, from which he recovered. Last Spring he suffered from gastritis. In October last he began to complain of pain over the region of the stomach, which was much distended; this was accompanied by vomiting. He grew worse on December 18th, his features assuming a pinched ex-

pression, and the surface of the body became cold. He died the next day, of shock.

Autopsy.—The post-mortem examination was made on the 21st. The abdomen was distended. The liver was bound by old adhesions. The gall bladder was distended by three large calculi. There was a perforating ulcer of its coats, communicating with the peritoneal cavity. No signs of peritonitis were present.

Urinary Calculus Extracted from the Urethra—Impacted Fracture of Neck of Femur—Bony Anchylosis of Elbow and Knee-joints—Exostoses.

Dr. Janeway presented a urinary calculus, measuring one-half inch in length by one-quarter of an inch in breadth, removed from the urethra of a boy aged four years. The mother says that the boy had been subject to crying spells of colic. The first attack lasted for three hours, the little sufferer rolling on the floor with pain. A small calculus was passed at this time. Pulling of the glans penis was also a prominent symptom of the attack. When Dr. Janeway saw the boy, he found the bladder distended, and learned that he had passed but little water for four days, and complete retention had existed for two days. A calculus was seen within the meatus. In order to relieve the distended bladder a uterine probe was introduced between the calculus and urethral wall, thus distending it and allowing the urine to flow. The patient was then etherized, but the calculus could not be removed without cutting the meatus, which was accordingly performed.

Dr. Janeway also showed to the Society specimens taken from the dissecting room. The first one exhibited was an impacted intracapsular fracture of the neck of the femur. Around the shaft there was a new formation of bone, and growing from the trochanter minor a mass was seen, composed in part of bone and the rest of fibrous matter. This femur was one inch shorter than the other one. The other specimens were, bony anchylosis of the elbow and knee joints, which had taken place in the former at right angles, and exostoses at the extremity of the long bones.

Fracture of the Base of the Cranium.

Dr. Erskine Mason related the following case:—A man was admitted to Bellevue Hospital on December 29th, 1874, from whom no history could be obtained. He presented symptoms of intoxication, and his respiration was stertorous for a few hours. On examination, no injury of the head was discovered. No ecchymosis of the eyes or scalp was found. Clots of blood were seen in both ears. The pupils were natural. He vomited freely, the matter ejected smelling strongly of alcohol. On the third day it was of a blackish color, and still alcoholic. He then complained of pain in the head for the first time. He was given bromide of potassium for seventy-two hours, and ice bags applied to the head. Two days later he became conscious for a few hours, then sank into a semi-comatose state, and again returned to unconsciousness. On January 3d there was no amelioration of the symptoms. On January 5th he became violently delirious. The next day, which was the eighth one after the reception of the injury, the left pupil was more dilated than the right one, which was the first occurrence of any irregularity of the pupils. Loss of power in the right hand was also manifested by an inability to grip. Temperature 101°, the average having been 99°; the respiration was 20, sometimes falling to 16. He again became intelligent, and apparently improved. On the tenth day he had a profuse discharge of cerebro-spinal fluid from both ears, and fracture at the base of the skull was diagnosticated. On the twelfth day he became comatose, passed the urine and fæces involuntarily, and died on the sixteenth day after the injury. The interesting point about this case is, that stertorous breathing occurred only at first, and was not present at any subsequent stage.

Autopsy.—This was made twenty-four hours after death. The right temporal muscle was infiltrated with blood. The sinuses were distended with the same fluid. There was a spot of softening on the under surface of the middle lobe of the brain, on the left side. A fracture through the ethmoidal and petrous portion of both temporal bones was discovered.

Another interesting point is, that symptoms of fracture occurred only on the tenth day after the injury.

Cancer of Bones of the Head, involving the Orbit and Eye.

Dr. C. J. Kipp presented a specimen of encephaloid cancer of the cranial bones.

A woman, aged 47, six months before death was suddenly taken with pain in the head, which was only temporarily relieved by morphine injections. Two months before she died she complained of vertigo, loss of memory, but had no nausea or vomiting. She had paralysis of the left upper lid. The left eyeball was devoid of sensation, not movable or protruding; the pupil was not sensitive to light. Its periphery was opaque. There was swelling of the mucous membrane of the upper and posterior part of the left nostril. She had always been partially deaf, but was totally so now. The pain in the head and eye was intense, and was but partially controlled by morphine. Toward the last the nasal fossæ became altogether occluded by the tumefaction of the lining membrane. Four days before death the right eye was examined and found normal.

Autopsy.—The post-mortem examination was made forty-eight hours after death. The meninges were dry and congested. The brain was the seat of an abscess. After its removal a tumor, adherent to the dura mater, was seen; it involved the body of the sphenoid bone on the left side, and the petrous portion of the temporal bone, the temporal muscle, antrum, orbit, sheath of the optic, and all the cranial nerves. The sclerotic was not diseased. The petrous portion of the temporal bone was entirely de-

stroyed. The Schneiderian membrane was tumefied. The substance of the sphenoid bone was soft and filled throughout with cylindrical epithelial cells. The tumor was an epithelial encephaloid cancer.

The president stated that it was difficult to determine where the disease began, but possibly it was in the antrum. The tumor was given to the Microscopical Committee, for examination.

Tetanus Neonatorum.

Dr. J. Lewis Smith related a case of tetanus in an infant, aged seven days. He saw the case on February 27th. The family lived in a badly constructed tenement house, where draughts of air, were continually circulating. This family lost one child with tetanus, one year previously, in the same apartments, who had been sick but one day. Nothing unusual occurred before the disease developed in the child, except a diarrhœa, which lasted for two days after birth. The mother first noticed that the baby was drowsy, which was followed by a tetanic spasm. The spasms would recur every first, second or third minute, when the child was not disturbed. but would do so oftener if any portion of the body was touched. The remaining fragment of the cord was inflamed. Toward the last the child's countenance became livid during the paroxysms, and opisthotonos was well marked. The pulse was 164, the temperature 100½°, and the respirations 60 during the intervals of the spasms. Death finally took place.

The autopsy was performed by Dr. Heitzman, thirty-seven hours after death. Body well nourished; its surface slightly yellow; larynx contained mucus; lungs hyperæmic, and the seat of hemorrhagic infarctions; no signs of hepatitis present. Pale bile in gall-bladder; spleen soft; stomach moderately injected; mesenteric glands enlarged. The brain and meninges were intensely congested, and the puncta vasculosa enlarged.

Perinephritis.

Dr. Janeway presented a specimen of perinephritis, for Dr. Polk, who was absent. The history of the case was taken by Dr. Hills, Senior Assistant Physician in Bellevue Hospital. A porter, aged 34, had suffered from a frequent desire to micturate, and was treated for cystitis. Previous to this he had had a gonorrhœa. He was admitted to Bellevue Hospital, and complained of lumbar pains; the urine was albuminous, and he passed one hundred and twelve ounces of it on January 24th. On February 12th the patient complained of throbbing pain over the region of the left kidney. Fluctuation was detected in that region, and two ounces of pus aspirated by hypodermic syringe. The next day an incision was made four inches to the left of the spinous processes, in the lumbar region, and thirty-six ounces of pus were evacuated. On the 15th he passed but thirty-eight ounces of water. On the following day the quantity of urine excreted was fifty ounces. He had a chill on March 9th, when his pulse rose to 138, and the temperature to 104°. He died that day. The specific gravity of the urine during his illness varied between 1011 and 1013.

Autopsy.—The capsule of the left kidney was thickened. The infundibulæ of the left kidney were dilated and contained pus. There was an infiltration of pus between the diaphragm and the pleura, on the left side, caused by the burrowing of the same from the kidney. The right kidney was waxy (chronic interstitial nephritis), and slightly fatty; its pelvis was white. The liver and spleen were waxy. The urethra was thickened at the bulbo-membranous junction. No cystitis was present. Left ureter was completely occluded by an increase of connective tissue. There was no epidydimitis. Dr. Janeway thought that this perinephritis was the result, first, of a gonorrhœa, then cystitis and the extension of the inflammation through the ureter to the kidney. He was of opinion that the life of the patient would have been saved, had aspiration been performed instead of evacuating the pus by means of an incision.

The president said that he had found obstruction of the ureter to occur in cases where no history of bladder disease existed.

The meeting then adjourned.

ALLEGHANY COUNTY (Md.) MEDICAL SOCIETY.

Dr. G. E. Porter, Lonacoming, Maryland, President.

This Society held its regular monthly meeting in Cumberland, Maryland, September 21st, 1875.

Dr. G. E. Porter presented three cases of fracture of the femur, treated with the anterior splint of Professor N. R. Smith, of Baltimore, as modified and improved by Dr. Porter. Two of the cases, by actual measurement, presented little or no shortening. The third case, having been one of delayed union for five months, at the end of that time united without the aid of measures usually adopted in such cases, with a shortening of about one inch.

This improvement upon Professor N. R. Smith's anterior splint is a most valuable one, and Dr. Porter promises, at an early day, to furnish the profession the results of his extensive treatment of fractures with it.

Dr. Charles Cehr called the attention of the Society to a circular issued by the American Public Health Association.

Dr. W. McGill reported a case of "puerperal fever," which was deemed of interest, on account of the cessation of all alarming symptoms upon the administration of thirty grains of quinine at one dose.

Dr. George B. Fundenburg, read an article on the "Antipyretic Treatment of Fever." This paper was one of great interest, on account of

the Doctor's large experience and flattering success with this plan of treatment.

Dr. J. M. Green read an essay on the "White Blood Corpuscles," treating of their influence upon the organism in various ways. This paper was most interesting. The Doctor illustrating portions of it on the blackboard and by the aid of micro-photographs.

Dr. Skilling reported a case of "triplets."

A commiteee was appointed to draft resolutions of respect to the memory of the late Dr. J. T. Getzendanner, of Frostburg, Maryland.

The Society adjourned until the third Tuesday of next month. WARDLAW MCGILL, M. D.,
Corresponding Secretary.

EDITORIAL DEPARTMENT.

PERISCOPE.

The Relation of Food to Work.

Dr. Du Chaumont, in a late lecture, said that up to a quite recent date there was an absence of any satisfactory theory as to the relation of food to work, and it was supposed that bodily force was due to a chemical change in the muscles themselves, and that the nitrogenous matter in food repaired the waste. But the researches of Joule, Playfair, Frankland, and others, on the conservation of energy, have led to the conclusion that active force is produced chiefly by the potential energy stored up in the carboniferous food, and set free by oxidization. Hence it was seen that to credit the chemical changes in the muscles with the origination of force in the body, was not more philosophical than to credit the force exerted by a steam-engine to the wearing away of its wheels and pistons.

The lecturer then proceeded through a large number of elaborate calculations, based upon actual observation, for the purpose of showing the ordinary amount of productive work of which a man of average height is capable, and its equivalent in foot-tons—a foot-ton representing the amount of force required to raise one ton one foot high. It appears that the work done in walking three miles an hour is equal to about one-tenth the work done by direct ascent. Three hundred foot-tons a day is a fair day's work for a man of average height. This would be equivalent to walking fifteen miles in a little over five hours. A hard day's work would be equivalent to walking twenty-four miles in eight hours. Dr. Parkes mentions an extreme case in which a man in a copper mill did as much as 723 foot-tons in a day, his average work being 443 foot-tons. The ordinary work of a military prisoner is 310 foot-tons. The velocity at which work is done, and the consequent resistance, greatly affect the quantity of potential energy required for its accomplishment. For the production of any amount of what may be termed productive work, a much larger amount of potential energy has to be expended. Professor Haughton, of Dublin, has calculated that of the total potential energy produced in the body, 260 foot-tons are required for the action of the heart. Then the animal heat absorbs from 2000 to 2500 foot-tons, or more. According to Helmholtz, about five times as much energy is used in the internal work of the body as is expended in ordinary productive work. In the case of severe work, the proportion of internal work to productive work is still greater. Supposing the work performed by a man to consist of walking, the most economical rate, both as regards the amount of food required to sustain it, and the amount of potential energy expended on the body itself, is about three miles an hour. Both above and below that speed there is a decrease in the amount of active work as compared with the non-productive energy. A man walking fifteen or sixteen miles a day, or doing an equivalent amount of work in another form, would require 23 oz. of food, composed of albuminates 4·6 oz., fat 3 oz., starch 14·3 oz., and salts 1·1. This would yield a potential energy of 4430 foot-tons, and allow 300 foot-tons for productive work. A mere subsistence diet for a man at rest would be 15 oz., but with this amount a man would lose weight. About 7000 foot-tons a day of potential energy is about the greatest amount which is possible as a permanency. This would yield 600 foot-tons of productive work. These calculations apply only to men in health.

Amputations in Scrofulous Subjects.

A case related at a recent meeting of the Société de Chirurgie (*Gazette des Hôpitaux*, June 19), in which a scrofulous child exhibited remarkable resistance to several successive operations, led M. Verneuil to protest against the illusions that exist as to the innocuity of operations in scrofulous subjects, and especially operations performed on bones. As long back as 1845 he had been struck by examining in the hospitals the results of the partial extirpations of the bones of the hands and feet in scrofulous subjects. The immediate results are very favorable, erysipelas being very mild in these subjects, and pyæmia rare; and few are lost by acute traumatic accidents. The wounds are very fine, granulating abundantly, indeed, too abundantly; but the cicatrization is defective. When the patient attempts to use his

limb, the disease reappears, either at the same spot, in other joints, or in some of the viscera. The amputation wound heals up, but the patient dies with albuminuria, general œdema, fatty degeneration of the liver, or tubercle. An English author, who is a good observer, recommends that operations should be performed early in scrofulous subjects, before the development of morbid manifestations in the liver or kidney, and that in them amputations, not excisions, should be resorted to. M. Marjolin partakes of M. Verneuil's scruples relative to the performance of operations in scrofulous children. Having been in charge of a children's hospital service for eighteen years, he has been able to follow the patients during long periods, as they re-entered the wards on several occasions. Inclined, as he was at first, to operate early, experience has taught him that these operations are premature before the constitutions of these little subjects have undergone modification until when they should always be rejected, unless great urgency exists, which is rare. He has often seen infants who had been operated upon and cured, reënter and die of meningitis, pulmonary tubercle, or intestinal lesions. The marine hospitals at Forgs and Berck constitute a valuable resource for the modification of the scrofulous diathesis, but they are insufficient for the demands made upon them, as there are from 100 to 200 children always waiting their turn of admission. Obliged to wait a year or eighteen months, when summoned, one-half of their number has ceased to exist. It is highly desirable that the number of beds should be increased, for country air constitutes the best treatment, and only the most immediate wants should be attended to in Paris. M. Larrey, during his long experience in military hospitals, has been much struck with the great mortality attending amputations, principally in young subjects, and especially in the scrofulous. The examples of this which he had met with in the wards of Roux, Lisfranc, Dupuytren, and especially of Velpeau (once so prodigal in amputations, and so sparing of them in his later years), led him at an early period to react against this practice, and from 1839 he adopted, from the political language of the day, the designation chirurgie conservatrice.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The *Medical Times*, of this city, which hitherto has appeared as a weekly, will hereafter be issued once every two weeks.

——Dr. J. M. Toner, in his annual oration before the Medical and Chirurgical Faculty of Maryland, treated of the Medical History and Physical Geography of Maryland. The subject is treated with his usual ability. A number of topographical charts accompany the text.

——A carefully written paper on "Periodical Melancholia," by Dr. William B. Neftel, of New York, deserves the attention of alienists. His recommendation of continued mental labor in neuropathic cases is particularly noticeable.

——An article reprinted from the *Richmond and Louisville Medical Journal*, by Dr. George M. Kober, makes a pamphlet of one hundred and ten pages. Its title is "Uronology and its Practical Applications;" a guide to the examination of the urine and its diagnostic value, with extracts from the works of the most modern investigators. It is a useful compilation.

BOOK NOTICES.

A Synopsis of Symptoms of Gout at the Heart; also, a few practical remarks on Epilepsy, Nervousness, and other kindred diseases in relation thereto. By Eldridge Spratt. Twelfth edition. Glasgow, James Maclehouse. Philadelphia, J. B. Lippincott & Co., 1875. 1 vol., cloth. 8vo, pp. 259.

Through what merit this book has reached a twelfth edition the reader will be puzzled to find out. Its style is slovenly, its arrangement slack, its pathology behind the times, and its treatment well enough for an old nurse, but not what one might expect from an author who pretentiously informs us, on the title page, that he is the "former Dean, and eighteen years Senior Physician to the Hospital for Diseases of the Heart." Probably the eleven previous editions were sold to patients or given away to possible patrons of the hospital. That there could be any such demand for the book from the medical profession, we have too good an opinion of it to believe.

There is neither index nor table of contents, so that there is no escape, for the reader anxious to glean the few grains of wheat in the book, from wading through the pages of second-hand extracts and old wives' stories with which the bulk of the volume is composed.

Transactions of the College of Physicians, of Philadelphia. Ser. III, Vol. I. pp. 192. Philadelphia, Lindsay & Blakiston. Price $2.50.

Most of the articles in this volume have

already been given in epitome in the pages of the REPORTER. The following list embraces them in detail:—

I. Report of an Autopsy on the bodies of Chang and Eng Bunker, commonly known as the Siamese Twins. By Harrison Allen, M. D.

II. Case of Adenoid (Hodgkin's) Disease. Enlargement of the Cervical Glands, with Multiple Lymphadenomatous Tumors of the Brain, Spinal Column, Lungs, Sternum, Subcutaneous Tissue, etc. With Remarks, an Analysis of Fifty-eight recorded Cases, and a Bibliography. By James H. Hutchinson, M. D.

III. Case of Fracture of the Neck of the Scapula. By John Ashhurst, Jr., M. D.

IV. On a New Operation for Certain Cases of Cleft Palate and Bifid Uvula. By William S. Forbes, M. D.

V. On the Operative and Conservative Surgery of the Larger Joints. I. Excision of the Elbow. By John Ashhurst, Jr., M. D.

VI. Experiments on the Laryngeal Nerves and Muscles of Respiration, etc., in a Criminal executed by Hanging. By W. W. Keen, M. D.

VII. On the Use of Nitrite of Amyl in various forms of Spasm, and on its Value as an Aid to Diagnosis. By S. Weir Mitchell, M. D.

VIII. Case of Acute Tetanus, successfully treated by the Inhalation of the Nitrite of Amyl, with Remarks upon the Pathology of the Affection. By William S. Forbes, M. D.

IX. Remarks on Diabetes Insipidus and its Treatment by Ergot. By J. M. Da Costa, M. D.

X. Report on the Surgical Considerations in regard to the Propriety of an Operation for the Separation of Eng and Chang Bunker, commonly known as the Siamese Twins. By William H. Pancoast, M. D.

XI. Case of Encysted Dropsy of the Peritoneum, in which Suppuration had occurred, and Abdominal Section was performed, with Recovery. By J. Ewing Mears, M. D.

XII. Quinia as a Stimulant to the Pregnant Uterus. By Albert H. Smith, M. D.

Two chromo-lithographs illustrating the anatomy of the Siamese Twins, and several wood-cuts, are added to the text.

Practical Hints on the Selection and Use of the Microscope. Intended for Beginners. By John Phin, editor of *The Technologist.* 1 vol., 12mo., fully illustrated. Price 75 cents. New York, Industrial Publication Company, 176 Broadway.

The microscope is now as important to the physician as the lancet was in days gone by. Without it, the diagnosis of many common diseases is impossible, and treatment is at sea.

The work before us gives, in the plainest language, very complete directions for the management of the microscope and for collecting objects, preparing them for examination, and preserving and mounting them. Those who intend to make microscopy a study, can afford to spend time and money on the works of Carpenter, Beale and Frey, but the owners of simpler instruments, who make only an occasional use of the microscope, cannot well do so. In the present volume, all mathematical and theoretical disquisitions have been avoided; simple rules are given in plain language, and the whole is illustrated with such engravings as are necessary. It has evidently been written by one who is accustomed to *work* with the microscope, and who has depended more upon his own experience than upon aid derived from scissors and paste.

Without touching directly on the medical use of the instrument, it furnishes information indispensable to the physician who would become skilled in its use. A number of wood-cuts add to its value.

Medizinische Novellen. Von Dr. Bernhard Segnitz, Dritte Lieferung, Episoden aus der Amerikanischen Privat-Praxis. New York. American News Company, 1875.

The third installment of Dr. Segnitz' Medical Stories will be read with interest by those familiar with the two previous issues. The subjects of this one are pulmonary and nervous diseases. Each story illustrates the peculiarities of some one form of disease. This idea is a new one, and well calculated, as the author believes, to disseminate useful information in a taking way.

We learn that there is in contemplation an English translation of this work, and we trust the project will be put into execution.

THE

Medical & Surgical Reporter,

A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M. D., EDITOR.

The terms of subscription to the serial publications of this office are as follows, payable in advance:—

Med. and Surg. Reporter (weekly), a year,	$5.00
Half-Yearly Compendium of Med. Science,	3.00
Reporter and Compendium, - - -	7.00
Physician's Daily Pocket Record, - -	1.50
Reporter and Pocket Record, - - -	6.25
Reporter, Comp. and Pocket Record, - -	8.25

For advertising terms address the office.

Marriages and Deaths are inserted free of charge.

All letters should be addressed, and all checks and postal orders be drawn to order of

D. G. BRINTON, M. D.,
115 South Seventh Street,
PHILADELPHIA, PA.

MEDICAL ADVERTISING.

The questions which concern a medical journalist, so far as his public capacity is involved, concern also his subscribers, and the welfare of the profession at large. The press, the "fourth estate," as it has been called, is an accurate index of the intelligence, business energy, and ethical status of a guild, profession, or town.

In reference to the medical press, no topic is a more important one than its advertising department. There is wide diversity among medical journals in this respect. Some consider that the advertisements which appear in the columns of a regular medical periodical should be scanned and limited as closely as the communications which are printed for its readers; others, again, hold that the "business" columns of such a journal have nothing to do with its reading matter, and are free to admit any respectable advertisement. The latter view is that usually taken—for obvious reasons—by those journals which are the property of large publishing houses. The advertising spaces in these journals are not under the control of the medical gentleman who superintends the editing of the scientific pages. At least, we hope this is the case, so long as "Armadillo" advertisements continue in what profess to be regular periodicals.

This is one reason, and an obvious one, why the editor should have a controlling interest in the journal. A flagrant instance of the discreditable thirst for gold, at the expense of principle, was lately shown in the *Lancet*. As noticed in the REPORTER, Dr. Churchill, of hypophosphite fame, wrote, some months since, a quack book on an alleged cure of consumption he had made. The *Lancet*, with great propriety, refused to notice it, and editorially condemned those journals which had aided the charlatan's object by reviewing it. A fortnight after it devoted the whole of its most prominent advertising page, that opposite the first page of reading matter, to a laudatory advertisement of this very book!

Naturally this excites just criticism, and nothing shows more conclusively the cynical contempt for the true ethics of the profession which the *Lancet* often displays, than this. Such a paper, if it had a soul, would sell it for a shilling, and the devil would get the worst of the bargain.

Why such a journal continues to receive the support of so many respectable men in England, we can only explain on the ground that they regard the morality necessary in theory something very different from that required in practice.

Of American medical journals we can truthfully say that, so far as they are controlled by medical men, the advertisements in them are rarely such as can be justly condemned. There must be liberality exercised toward difference of opinion, when it is honest. A patented surgical instrument, for example, is condemned by many; but others, and probably most, believe there is nothing wrong in securing such a patent and in

advertising it. *Sub judice lis est.* Therefore, it is not proper to condemn a journal for aiding the sale of such an instrument. For ourselves, we are intimately convinced that a really valuable surgical invention is much more rapidly distributed when it is a patent than when it is not. If the good of the public is the final test, then the public derive benefit from it more widely when it is to the direct interest of the inventor to distribute a knowledge of it. But we do not design to discuss this old subject.

Patent medicines are, of course, wholly out of the limits of medical advertising. But there are a class of "proprietary preparations," which are neither patented nor secret, but which are made by one house only, who maintain a monopoly by some unusual skill or perfected method of manufacture. There can be no reasonable objection to giving such advertisements room. The editor cannot vouch that they are as represented; the doubt must be in favor of the manufacturer; if the latter is a deceiver, he will soon lose more than his trade in that article.

Readers should not judge too quickly of the merits or demerits of an advertisement. We have known of complaints of some for reasons of which the editor neither knew nor could know—the personal character of the advertiser, for instance. Yet readers are right in exercising full liberty of criticism, as only thus can editors appreciate the general tone of professional sentiment on such subjects.

Notes and Comments.

Therapeutical Notes.

MALIGNANT ANTHRAX.

Dr. Raimbert, of Chateaudun, recently laid before the Académie de Médecine a case of what he considers malignant anthrax successfully treated in a man by means of subcutaneous injections, seven in all, composed of eight drops in each injection of an iodized solution of iodine (*iode iodure*), in the proportion of one drop of the solution in four thousand of water, afterward increased to fifteen drops, one drop in five hundred of vehicle.

OZŒNA.

A cure of this disease is reported in a case in which the nitrate of silver and the permanganate of potash had been resorted to in vain. The successful means consisted in frequent injections of the chlorate of potash, in the proportion of one part of the chlorate of potash in six parts of water. The cure proved permanent.

URTICARIA.

A French physician, himself a subject of this disease, being seized with severe urticaria, had the happy idea of bathing the feet and legs in hot water well dosed with mustard. Hardly had he dipped his extremities in the bucket, when, vastly to his satisfaction, every discomfort disappeared.

THRUSH.

Dr. Girard, of Marseilles, earnestly urges the importance of cleanliness, air, exercise, food, and suitable clothing in the treatment of thrush. Locally, he applies, three or four times per day, with a camel's hair pencil—

℞. Alum, grammes v
Glycerine, grammes xxx.

otherwise—

℞. Borax, grammes xx
Glycerine, grammes xxx.

WASP STINGS.

Mons. Dauverne states, as the result of several trials, that the pain and suffering caused by the stings of bees and wasps, may be immediately assuaged by the application of lime-water.

The Drugging of Horses.

It is well known that horse dealers are accustomed to administer hurtful drugs to horses, either to give them, temporarily, the appearance of being in fine condition, or to have the opposite effect, by making them ill, to defeat their chances of success in a race. Both of these practices are cruel and inhuman, as well as criminally fraudulent.

An Act of Parliament has recently been passed in England, the object of which is summarily to put a stop to these nefarious practices. It provides that if any one, other than a member of the Royal College of Veterinary Surgeons, shall give any animal any of the drugs contained in a given schedule, without the con-

sent of the owner, he shall be liable to fine or imprisonment. The drugs and preparations enumerated are as follows: Arsenic and its preparations, prussic acid, cyanides of potassium and all metallic cyanides, strychnine and all poisonous alkaloids and their salts, aconite and its preparations, tartar emetic, corrosive sublimate, cantharides, savin and its oil, ergot of rye and its preparations, oxalic acid, chloroform, belladonna and its preparations, almond oil, opium, with its preparations, sulphuric acid, nitric acid, hydrochloric acid, butter of antimony, sulphates of iron, of copper, and of zinc. Of these, perhaps arsenic is the most commonly administered, since its effect upon the horse, in point of appearance, is to give an artificial plumpness and sleekness which might easily pass for fine condition.

The Deaths at the St. Louis Insane Asylum.

Four deaths occurred in this Institution, from careless administration of narcotics. The medicine administered was a mixture of Fluid extract of Conium, Bromide of Potash, Morphia and Atropia, as follows:—

℞	Fl. ext. conium (Squibb's),	℥xv
	Water,	℥iv
	Bromide of potash,	℥iv
	Morphia,	gr. xxiv
	Atropia,	gr. ½. M.

The four ounces of bromide of potash would add two ounces to the volume of the mixture, making twenty-two ounces. If a teaspoonful (or one drachm) was given (and from the testimony we have reason to believe much larger doses were given than was ordered), it would contain 43 minims of the conium, to say nothing of the other elements.

The lesson so dearly learned at this Institution is, that 43 minims of Squibb's Fluid Extract of Conium is an unsafe dose, unless habituated to its use. In the present case, doubtless, the physician prescribing a teaspoonful believed his patients accustomed to its use (*as two gallons Fluid Extract Conium had been used in the Institution during the two months previous*), while the fact seems to be that the article used was inert and worthless, hence his patients were not habituated to the use of conium.

The Enemies of Life.

At the British Association, Dr. Symonds remarked that crowding and poverty are the two great enemies of life. The advantages gained by a town, as to its apparent death-rate, through the superior rank or well-being of its population, though undoubtedly great, are not so easily tested as those depending on natural or artificial climate. Very generally all these are found together, as is the case in Clifton, and other health resorts. Wealth seeks the best localities, and provides itself with the best artificial climate. It generally affects the death-rate, especially in childhood, and again in advancing life, particularly in women: though riches are not favorable to extreme longevity.

CORRESPONDENCE.

FOREIGN.

Letter from Germany.

DUSSELDORF, Sept. 1st, 1875.

ED. MED. AND SURG. REPORTER:—

In this, the usual holiday season for Medical men in Europe, one is fortunate if he finds any of the great lights at home. At Utrecht, the head and centre of diseases of refraction and accommodation, I found that the great Donders was away in the Swiss mountains, as is his habit to be at this time of the year. His associate, Dr. Snellen, however, was in town, and with his characteristic urbanity showed me what was being done, at the "Netherlands Hospital for Diseases of the Eye," for the science of ophthalmology, to which it has already contributed so much. I regret exceedingly that I could not see the one to whom belongs so much of the honor of the application of the principles of physiological optics to practical ophthalmology, but one cannot have all his desires gratified, and I had to content myself with a view of the field of his labors. Prof. Donders, at this time, however, is not giving so much attention to ophthalmology as to physiology, leaving the former work more to his friend and confrère, Dr. Snellen.

I found here, as in London, that during the holidays the attendance of patients at the clinic falls off very appreciably. This can be attributed to two causes. 1st. A number of the patients and would-be patients are themselves away; and 2d. It has come to be a generally understood thing that the oldest and most noted surgeons are away at that time, and the common people share with their more aristocratic fellow-beings a desire to be physicked by men of renown. Still there were several cases of interest to be seen. Dr. Snellen showed me a number of cases in which he had operated for cataract, all doing well. He operates after the Gräfe method. In a case of glaucoma, in which he had made an iridectomy, after the operation the disease became much aggravated, and the intra-ocular tension was increased to such an extent as to push the crystalline lens upward into the wound. What most interested me, however, was the set of new trial

glasses which are to come into use after the meeting of the Ophthalmological Congress, at Heidelberg, the 12th instant.

The scientific world has long felt the need of a universal standard of measurement. In ophthalmology the employment of the inches of the different countries to designate the focal distance of glasses, and to mark the degree of ametropia, has always been confusing. A number of efforts have been made to adopt the metrical system, and to so number the glasses as to make the series more regular in graduation than the one now in use, but they have all failed until now. At the last congress it was decided that at this present meeting the matter should be settled, and after the 12th of September all measurements are to be taken after the metrical system, and the glasses are to be numbered according to a scale, a copy of which Dr. Snellen kindly gave me. The unit of measurement is the metre, and the glass of one metre focal distance (negative or positive) is to be numbered 1. This corresponds to 37 Paris inches. The lowest number is 0.25 corresponding to 4 metres and 148 Paris inches. The next is 0.5 = 2 metres and 74 Paris inches; then 0.75 = 1.333 metres and 49 Paris inches; then number 1 = 1 metre. The highest number is 20 = 0.050 metres and $1\frac{17}{20}$ Paris inches. These trial glasses are not yet obtainable, but will be after the meeting of the congress. Dr. Snellen also showed me the proofs of the new edition of his book of test types, which he is now getting out to correspond to this new standard of measurement. The large test types known as his, for testing distant vision, he has also modified. The size of some of the numbers, notably the old 100, which has been considerably increased in magnitude, has been changed, and made more gradually diminishing in size from the largest. The largest, formerly called 200, is now numbered 60, and should be seen distinctly, by a normal eye, at 60 metres. The smallest, the old 20, is now numbered 6, and should be clearly distinguished at a distance of 6 metres. The great importance of the adoption of this universal standard of measurement is apparent, and as ophthalmology, I think, is the first branch of science, at least of medical science, to adopt such a standard, it has an additional claim to be considered the most progressive department of medicine.

The prevailing type of eye disease here seems to be corneal affections, and most generally associated with a scrofulous diathesis. I saw one case of diphtheritic conjunctivitis; it, however, is of rare occurrence in Holland.

Here, in Düsseldorf, I found Dr. Mooren, just returned from his vacation, but quite unwell from a temporary illness. He was attending, nevertheless, to the duties of his large clinic, which, I must say, are far from being light. He begins seeing patients at 8 o'clock in the morning, and it is often 3 or 4 in the afternoon before he has finished. The average attendance, I was told, was 120 daily. His clinic is conducted on a principle different to that of any I have seen. He does no strictly private practice, but receives all suffering from ocular troubles in the same room, and they pay or not, as they are able. The majority of the working people paid something, generally about 10 silber groschen (about 25 cents); those better to do paid some more, but even the best class of patients were asked no more than one thaler (70 cents) for a consultation. Dr. M. has the reputation of having a passion for operating, and the table which he keeps, showing the number of his various operations, goes to show that he has been able to gratify it to no inconsiderable extent. The largest number of cataract extractions in any one year, according to this table, was 165, and the largest number of operations, all told, was over 900. In none of his operations does he use an anæsthetic. I saw him enucleate the eye of a boy without anæsthesia, and I must confess it looked somewhat more barbaric than scientific. Europeans, as a rule, and especially Germans, seem to have a fear of chloroform or any kind of anæsthetic. It is positively dangerous operating on the eye without an anæsthetic, in individuals who have not good control of themselves. I saw this exemplified in Dr. M.'s own practice. It was in a case of extraction of cataract, in which an iridectomy had been previously made. After he had made the incision, the patient, a woman, became quite nervous and rolled the eye strongly upward. The flap caught against the edge of the eyelid, and was doubled back, and the lens and a large amount of vitreous gushed out. This, I think, would not have happened had the patient been thoroughly under an anæsthetic and the eye passive under the hand of the operator.

In those cases of myopia which are progressing, Dr. M. has had great success with the atropine treatment. The cases most favorable for this treatment, he says, are those where the amount of myopia does not exceed $\frac{1}{10}$. In scrofulous keratitis, of which there is a great deal here, he has found a treatment of hot fomentations, applied for an hour or two, two or three times a day, atropine and a seton in the nucha, to prove more satisfactory than any other. Trachoma, or granulated lids, is treated with nitrate of silver, ten grains to the ounce. I would advise the ophthalmologist peregrinating through Europe to give Dr. Mooren's clinic a call, if nothing more, in passing, for among his large number of cases he will be sure to find something of interest, and above all, to find Dr. M. an affable and obliging gentleman.

SWAN M. BURNETT, M. D.

DOMESTIC.

The Contract System.

ED. MED. AND SURG. REPORTER:—

With the latter clause of your editorial remarks, in your issue of September 11th, upon "The Contract System, and the Selection of

Union Physicians," I do not quite agree. A few years since the subject of providing the poor with medical attendance was discussed in our Village Medical Association, and resulted in a vote that none of the members should bid for their practice, but leave the poor to call upon the overseer, get an order for any physician he chose, and we would respond, charging the town a full fee for our services. We believe the poor should choose their physician as well as the rich, and towns are as able as an individual to compensate the physician for his services. Yours, etc., S. S. CLARK, M.D.

St. Albans, Vt.

Treatment of Skin Diseases.

ED. MED. AND SURG. REPORTER:—

In No. 965 of the REPORTER, Dr. J. E. Lyons, of Huntington, Ind., replies to my article "On Driving in Skin Diseases," contained in the REPORTER for July 24th, 1875, in which, after commenting on my treatment of the case reported by me in by no means flattering terms, he tries to impress the reader with the opinion that the fatal result was caused by the "medicine taken in" the system by absorption, and not by the driving in of the skin disease. Let us see if the doctor's opinion as to the cause of the child's death is the correct one. The practical question to be determined is the one "which naturally arises" in Dr. Lyons' mind, namely, "was the disease driven in or was the medicine taken in?" Without saying that the disease was driven in, dried up, healed, or that it disappeared spontaneously, I think the evidence is decidedly *opposed* to the conclusion that the medicine was "*taken in*," and thus caused the death of the child. Whether the prescription (℞. Hydrarg. bichloride, ℈j, alcohol, ℥iv. M. Sig.—To be applied lightly, once daily) for the case treated by me "was bold in the extreme" or not, it had the desired effect, so far as the healing up of the eruption was concerned, and according to Dr. Lyons' plan, that should be considered good practice.

As to whether the child's death was caused by the absorption of the corrosive sublimate or not, the following considerations will, I think, enable us to determine; first, the frequent and free application of the wash did not increase the cutaneous inflammation as it should have done, according to Dr. Lyons' views, if the wash had been too strong; on the contrary, the eruption was rapidly disappearing. Secondly, if the medicine had been absorbed, it would have produced its constitutional effects upon the system just the same as though it had been taken into the stomach, excepting the local gastritis caused by the contact of the medicine. Thirdly, I do not know that hydrarg. bichloride, no matter how introduced into the system, ever produced inflammation of the brain. I have always been led to believe that its administration tended to subdue inflammation, not to originate it; and fourthly, the absorption of any medicine into the system would have been *immediately* followed by its specific effects. It could not have remained latent in the system for three or four days or a week, and then manifested itself in the form of an inflammation of the brain. That the inflammation of the brain followed the healing of the eruption, and was caused by its being driven in, so to speak, and that the wash had nothing to do with the fatal result, only so far as it was instrumental in driving in the eruption, I think the above facts and considerations will fully justify me in concluding.

Enon Valley, Pa. H. NYE, M.D.

The Treatment of Anæmia and Blood-poisoning.

ED. MED. AND SURG. REPORTER:—

In the REPORTER for September 4th, 1875, I find a case reported by Dr. Milton L. Humston. Permit me to make a few remarks upon it.

The patient had, according to the Doctor's statement, lost sufficient blood to render any ordinary woman anæmic in the extreme, having had hemorrhages from time to time, and some of them severe, from September 1st to her confinement, February 9th, and at that time it was of six hours' duration. Two days after her confinement, he says, "I was summoned in great haste to see her; found pulse 140; temperature 104; tongue dry; when I administered the following:—

℞.	Hydrarg. chlor. mitis,	gr.x
	Potassæ chlorat,	gr.vj
	Pulv. opii,	gr.j. M.

Sig. Take a powder every three hours, with spirits of nitre, one drachm, every hour."

This was at six o'clock, A. M. At four P. M., same day, he found teeth covered with sordes, etc.

This patient must have lost a large amount of blood, diminishing the red corpuscles to a fearful extent. What effect would the above treatment have, continued for eight days, upon such a case? Headland, in his work upon the action of medicine, says, "The immediate effect of blood-letting is mechanical, weakening the force of the heart by diminishing the pressure on the vessels. Antimony diminishes the pressure on the vessels by weakening the force of the heart. And mercury does both of these by impoverishing the blood." This is accomplished by destroying the red corpuscles, which, in this case, were already diminished by the loss of blood sustained, both before and during confinement. The Doctor has recorded his treatment so that it reads, ten grains of calomel, six of potassæ chloras, and one of opium, once in three hours, and this he continues eight days! Heroic treatment in such a case, surely. It is useless to comment further upon this case; the result could not well be other than it was. The best authorities to-day recommend support and restoratives in blood-poisoning and anæmia, so as to restore the red blood, not to break down what little the patient may happen to have left in the system. Respectfully, etc.,

Chicago, Ill., Sept., 1875. D. M. COOL, M.D.

News and Misclelany.

Philadelphia County Medical Society.

A conversational meeting will be held Wednesday, October 13th, at 8 o'clock, P. M. Dr. Oscar H. Allis will read a paper on "The Mechanism of the Shoulder Joint, with some thoughts upon the Probabilities of Dislocation or Fracture." The medical profession is cordially invited.

Personal.

—The late John E. Spencer, M.D., of Morristown, New Jersey, by his will, bequeathed to the Jefferson College the sum of $1000, to be added to the building fund of the college, which has been promptly paid to the treasurer by Miss Florence Spencer, executrix. Dr. Spencer was a graduate of Jefferson College, in the class of 1870.

—David Porter, an old physician of Uniontown, Fayette county, died on the 22d. He was highly respected in that section of the State.

—Dr. Hercules Whitney, aged ninety-eight years, formerly a leading physician of Providence, Rhode Island, died there October 1st.

—Dr. Dieulafoy, so well known in connection with the instrument that bears his name, has been rewarded by the Academy of Sciences with the "Prix Monthyon," for his interesting work on "L'Aspiration des Liquides Morbides," and for the service rendered by his pneumatic aspirator to medicine and surgery.

—Professor Daubree, of the Paris Museum, was very nearly killed by falling in one of the hollows of the Auvergne mountains, under the influence of sunstroke.

—We are pained to announce the decease of Dr. Max Heller, of this city, who died Sept. 26, at the early age of 42. He had been an occasional contributor to this journal, and was a most intelligent physician.

Items.

—At the close of July the cholera began to decline at Damascus, so that at the date of August 15 there were only thirteen deaths per diem. The origin of the epidemic is quite a mystery, as Hama is an isolated place on the borders of the desert. It is claimed to have been autogenetic.

—What is known as the "blind staggers," a mild form of apoplexy, is sweeping over several sections of New Jersey and Delaware, carrying off some of the most valuable horses in the two States. An epizootic complaint prevails among most of the horses in the Middle States.

—According to an article published by the *Pungolo*, of Milan, the cremation of a dead body, that of a Chevalier Keller, has been authorized and effected in that city, in the presence of several distinguished advocates of incineration.

OBITUARY.

DR. GEORGE W. PEETE.

The Petersburg (Va.) *Index and Appeal* has the following in reference to Dr. George Washington Peete and his grandson, who lost their lives at Galveston: "Dr. Peete was a native of Southampton, and a brother of Mr. Alexander Peete, of that county. His wife is a native of that county, also, and a daughter of the late Dr. Blunt, who distinguished himself during the famous Nat Turner insurrection. Dr. Peete was the City Physician and Quarantine Officer of Galveston. He resided for some time in Portsmouth, where, as well as in Norfolk, he was well known. He went out to Texas some years ago, settled in Galveston, and rose to that eminent position his talents and experience would naturally command. He was sixty-three years of age, a gentleman of fine personal appearance, graceful and elegant in manners, and of high integrity. His sad death will be widely regretted in Virginia."

DR. B. F. HEADEN.

The *California Advocate* brings us information of the death, August 28th, of B. F. Headen, M. D., an influential and devoted official member of the Methodist Episcopal Church in Santa Clara, California. For the last twenty years he served as trustee of the University of the Pacific. About three months ago Dr. Headen was prostrated with disease, from which medical skill failed to relieve him.

HORATIO STONE, M. D.

Horatio Stone M. D., a prominent Washington sculptor, who died at Carrara, Italy, September 21st, was in the sixtieth year of his age, and was born in New England. His earlier years were devoted to the study of medicine, which profession he afterward practiced for nearly thirty years. About 1846 he began modeling in clay, and the same time writing poetry, in which latter pursuit he was not so successful as in the former. As his modeling won him considerable local reputation, he was induced to leave Washington in 1848, with the intention of devoting his study to art. His efforts having met with success, the sculptor sailed for Italy in 1856, for the purpose of perfecting his art in the famous Italian schools. On his return to this country he produced several ideal heads and portrait busts, and undertook his most ambitious effort —a colossal statue of Prof. Morse—which, however, was not completed. In 1870 he produced a fine statue of the celebrated Dr. Harvey.

MARRIAGES.

Hunter—Hill.—On May 18th, by Rev. F. T. Hoover, assisted by the Rev. D. H. Sloan, Dr. R. P. Hunter and Miss Rebecca Hill, of Leechburg, Pa.

Wilson—Cauda.—September 30th, at Brooklyn, New York, Dr. Milo A. Wilson and Miss Ada Cauda.

DEATHS.

Edmiston.—At Weston, West Virginia, September 13th, Dr. T. B. Edmiston, of acute gastritis. Dr. Edmiston graduated at "Bellevue," New York, in 1868, and was in his 31st year at the time of his death.

Gould.—At Perugia, Italy, on the 31st day of August, 1875, Emily Bliss, wife of Dr. James B. Gould, of Rome, Italy, and formerly of this city, in the 54th year of her age.

Randle.—In this city, on the 26th ult., J. Schuler Randle, M. D., in the 33d year of his age.

SURGICAL INSTRUMENT

DEPARTMENT,

Under the direction and personal supervision of

W. F. FORD,

Instrument Maker to St. Luke's, Mt. Sinai, New York State Woman's Hospitals, Bellevue, and all the other New York City Hospitals,

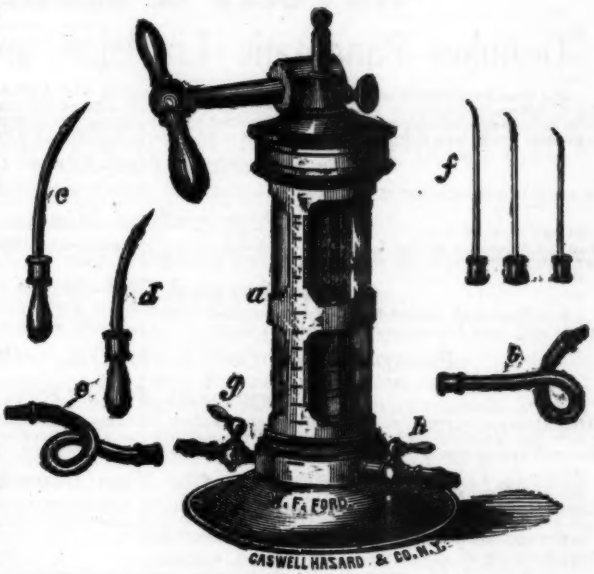
Manufacturers, Importers, Wholesale and Retail Dealers in

SURGICAL, DENTAL,

ORTHOPÆDIC

INSTRUMENTS,

CATHETERS,
TRUSSES,
SUPPORTERS,
SILK STOCKINGS,
EAR TRUMPETS,
SPLINTS,
ANATOMICAL PREPARATIONS,
LOCAL ANÆSTHESIA APPARATUS,
LARYNGOSCOPES,
OPHTHALMOSCOPES,
HYPODERMIC SYRINGES,
AXILLA THERMOMETERS,
ETC., ETC.



(Pneumatic Aspirator, with Professor Joseph W. Howe's Transfusion Attachment.)

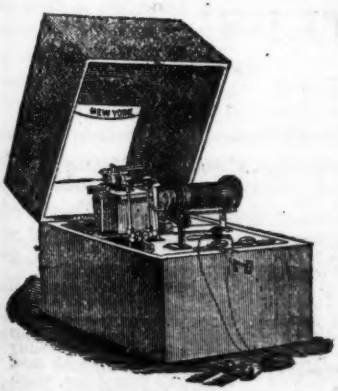
☞ Special attention given to the Manufacture of Instruments to *order*, in exact accordance with patterns furnished by surgeons and physicians.

☞ If desired, Mr. Ford will give his personal attention to the application of Trusses and Appliances for building up the human frame.

CASWELL, HAZARD & CO.,

DRUGGISTS & CHEMISTS,

Factory, 133 & 135 West 25th St. Broadway, corner 24th St., New York.



PORTABLE ELECTRICAL INSTRUMENTS,

For Physicians and Surgeons.

Galvanic and Galvano-Caustic Batteries,

Electro-Magnetic Machines, etc.

Galvano-Faradic Mf'g Co.,

167 EAST THIRTY-FOURTH STREET,

NEW YORK.

SEND FOR ILLUSTRATED CATALOGUE.

SAVORY & MOORE,

143 New Bond Street, London, beg to call the attention of the Profession generally to some of the latter preparations brought out in England, the purity and uniform strength of which can be guaranteed

SAVORY & MOORE'S

Genuine Pancreatic Emulsion and Pancreatine.

In Diseases where Wasting, Loss of Power of Digestion and Assimilation are prominent symptoms, the Pancreatic Emulsion and Pancreatine are the most potent Remedial Agents. When Cod-liver Oil fails to increase weight, or cannot be tolerated by the stomach, the Pancreatic Preparations are the only remedies which can supply its place and give the power of digesting the Oil.

Pancreatized Cod-Liver Oil.

A reliable combination of Pancreatine with the Oil, rendering its digestion easy and rapid.

Pancreatine Wine.

For the digestion of Cod-Liver Oil, solid Fat, and Food generally. The Wine and Cod-Liver Oil readily form an Emulsion, when shaken together in equal proportions.

Phosphorized Cod-Liver Oil.

The increased demand for this preparation since its introduction by Messrs. SAVORY & MOORE, six years ago, would seem to stamp it as an important therapeutic remedy.

Phosphorized Cod-Liver Oil, with Quinine.

Phosphorus Pills (Pure),

Of all sizes and strengths, non-resinous and perfectly soluble. Most of the uncertainty of operation experienced in the internal administration of Phosphorus, may be traced to the use of Oxydized, or Allotropic Phosphorus, preparations which are less active, and more uncertain.

Peptodyn, the New Digestive,

Digests all kinds of Food—the Farinaceous, Fibrinous, and Oleaginous—being a combination of the several active principles of the digestive secretions, Peptic, Pancreatic, etc.

Five grains of Peptodyn (Powder) digests—100 grains of Coagulated Albumen, 100 grains of Fat, 100 grains of Starch.

BEST FOOD FOR INFANTS,

As Supplied to the Royal Families of England and Russia.

Feeding Infants with the best, *i.e.*, the most *nourishing* and *easily digested* Food, has recently occupied much of the attention of the Profession, and the fallacy and danger of *employing Starch*, in the *form of Corn Flour* and other *high-sounding titles, has been repeatedly pointed out.*

This food resembles Mother's Milk more closely than any other kind, perfectly fulfilling its object, that of promoting the GROWTH and HEALTH of the Child.

Datura Tatula, for Asthma and Chronic Bronchitis.

Recommended by the Profession as a remedy of great power and usefulness in cases of short and difficult breathing, spasmodic coughing, etc. Grown by SAVORY & MOORE, and prepared in all forms for smoking and inhalation.

Wholesale of the Manufacturers, **143 New Bond Street, London W.**, and Wholesale Druggists in America, and Retail of the leading Chemists in America.

MATHEY-CAYLUS'

Gluten Capsules of Pure Copaiba,

AND OF THE FOLLOWING COMBINATIONS:

Copaiba and Cubebs; Cop. and Citrate of Iron; Cop. and Rhatany; Cop., Cubebs, and Rhatany; Cop., Cubebs, and Carbonate of Iron; Cop., Cubebs, and Alum; Cop. and Magnesia; Cop. and Catechu; Cop. and Subnitrate of Bismuth; Cop. and Tannic Acid; Cop. and Tar; Cop., Pepsine, and Bismuth; Cubebs pure; Cubebs and Alum; Cubebs and Turpentine; Cubebs and Tannate of Iron; Venice Turpentine; Norway Tar; Cop. and Sandal Wood Oil; Cop., Cubebs, and Sandal Wood Oil; Cop., Iron, and Sandal Wood Oil.

Mathey-Caylus' Capsules, introduced into the U. S. in 1853, have achieved a decided success, on account of the great care taken in their preparation, and of their universal efficacy. They present the most perfect mode for administering Copaiba, Cubebs, Tar, Turpentine, and other remedies, the disagreeable odor and taste of which are often a hindrance to their use. Being formed of a thin, transparent, and readily assimilated coating, they so cover and disguise the medicine to be given, that it can be taken with ease, and they offer the special advantage of never causing nausea, eructations, or dyspeptic symptoms, which are complained of by many persons using other preparations. For sale by Druggists generally.